

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Kila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>126</u>
District of <u>Rice</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>631</u>
Town of _____			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Lola Polk</u> (If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. No., in order of birth _____		7. Date of birth <u>8 11 24</u>	Month day year
3. FATHER		14. MOTHER	
Full name <u>Alton Polk</u>		Full maiden name <u>Eva Koode</u>	
9. Residence (Usual place of abode) <u>Rice Ariz</u>		15. Residence (Usual place of abode) <u>Rice Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>4/4 Indian</u>	11. Age at last birthday <u>31</u> (Years)	16. Color, or race <u>4/4 Indian</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Rice</u>	18. Birthplace (city or place) <u>Rice</u>		
(State or country) <u>Ariz</u>	(State or country) <u>Ariz</u>		
13. Occupation <u>Farmer</u>	19. Occupation <u>Housewife</u>		
Nature of industry	Nature of industry		
20. Number of children of this mother: (a) Born alive and now living <u>2</u>		21. Were precautions taken against 'oph.' thalnia-neomatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8 A.M.</u> on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Dr. Saenger</u> (Physician or midwife)	
Given name added from supplemental report _____		Address <u>San Carlos Ariz</u>	
Month, day, year _____		Filed <u>SEP 5 1924</u>	
Registrar _____		Local Registrar <u>Dr. Saenger</u>	
		County Registrar _____	

372-811-575